MEDICAL COLLEGE OF GEORGIA

TODAY

Volume 28, Number 4 Summer 2000

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MEDICAL COLLEGE OF GEORGIA

TODAY

When twins Robby and Will Smith were born 25 years ago, the Medical College of Georgia Neonatal Intensive Care Unit transport service was also in its infancy. But though the service was new, its staff members were seasoned experts in treating ill and premature newborns. So Robby and Will were in the best possible hands when they were transported to MCG shortly after their birth, which came three months ahead of schedule.

In this edition of *Medical College of Georgia Today,* writer Toni Baker reflects on the Smith twins' struggle for survival and the fierce determination of the NICU transport team to give fragile newborns a fighting chance. Twenty-five years later, the transport team is continuing its good work and the Smith twins are healthy, strapping testaments to the programs success. The twins are pictured on the cover, including a photo of newborn Robby.

Also featured in this edition of the magazine are other fighters, including Dr. Joy Maxey, who as president of the Medical Association of Georgia is battling for patients' rights, and Dr. Regina L. Chorsky, who rallied after a life-threatening aneurysm. Their stories are examples of the winning spirit that has always been at the heart of the Medical College of Georgia.

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Medical College of Georgia Today is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Division of Institutional Relations; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to *Augusta Magazine*, (706) 722–5833, P. O. Box 1405, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised.

AT A GLANCE

Getting the Message

Jimmy Franklin knows the impact of gun-related violence. He sees it too frequently as he helps treat gunshot victims. His experience prompted him and other Medical College of Georgia students to produce a public service announcement about gun safety.

"There are so many gun-control issues being discussed now, so we felt we could drive the issue home with the PSA," said Jimmy, a 2000 graduate of the School of Medicine and immediate past president of the MCG Student Government Association, which funded the project. "Some of us have very intimate interaction with patients and we see how it affects them and their families now...and always."

The PSA, which has been distributed to television stations throughout the state and was created by MCG Television Services and Institutional Relations, cites startling statistics: A child is killed with a gun every two hours; 11,000 children are treated for gunshot wounds every year; most shootings happen in a child's own home or a friend's home.

"The SGA felt that gun safety was a very poignant and important issue for us to take up," said Jimmy. Charles Poole, an MCG dental student with acting experience, starred in the video.

"We believe this PSA drives home the point that we all must make a conscious effort to be more responsible with guns, particularly when children are involved," said Jimmy.

Tom Greene and Craig Wix in Television Services edit video.

Protecting the Brain

A surgery that may dramatically reduce the death and disability associated with a major stroke is under study at the Medical College of Georgia.

MCG is one of 14 centers in the country exploring whether temporarily removing part of the skull can reduce brain destruction after a severe stroke.

"For the first few weeks after a stroke, your skull is your worst enemy," said Dr. John R. Vender, neurosurgeon and MCG's principal investigator of the National Institutes of Health pilot study of hemicraniectomy following a major stroke.

Days and weeks of swelling may follow a severe stroke. The result can be significant, permanent brain damage or death if swelling causes the brain to shift position, pressing down on the brain stem.

Doctors hope to dramatically diminish the death rate of a massive stroke from nearly 80 percent to about 15 percent by removing a major portion of the skull, enabling the brain to swell and then return to a more normal state.

Potential surgical candidates include young trauma victims and those whose massive strokes can't be treated with the clot-dissolving drug, tPA, because they don't get to the hospital within the six-hour treatment window (see following article).

The study will determine if the technique improves survival and function in these patients.

"We know the survivability is substantially better, but we want to know how much better and how much it helps patients retain brain function," Dr. Vender said.

He first makes a large scalp incision on the side of the head where the stroke or injury occurred, dissects that side of the skull, then makes a large X-shaped incision in the dura. Next he puts over the exposed brain a protective piece of donated tissue, called fascia, or a membrane, called pericardium. The piece of skull removed generally is frozen until the swelling subsides and the brain size returns to normal—about six weeks.

"Our hope in evaluating this technique is that it will help more patients survive and survive well the most severe stroke events."

Clot Dissolver

The Medical College of Georgia stroke team has widened the treatment window for stroke from three to six hours by offering patients the option of getting the clot-dissolving drug tPA injected directly into the clot-clogged artery.

Injecting tPA straight into the clot doubles the treatment window for patients and—particularly for the youngest victims—may be the best approach even if strokes are identified early, said Dr. Jeffrey A. Stone, neurointerventional radiologist and stroke team member.

tPA is the first real treatment to reduce the size and subsequent debilitation of a stroke, said Dr. Fenwick T. Nichols III, neurologist and stroke specialist. The problem is that intravenous tPA—which delivers the drug to the bloodstream—must be given within three hours of stroke onset for the potential benefit to outweigh the increased risk of bleeding. "We have a number of patients who don't get here within the first three hours," Dr. Nichols said. Also, some patients are not candidates for tPA, such as those whose stroke are caused by bleeding.

However, those who qualify and are hospitalized within six hours now have the option of intra-arterial tPA. The act of inserting the catheter into the clot alone helps open the artery; once there, small amounts of the drug can be injected directly into the trouble spot to rapidly dissolve the clot, Dr. Stone said.

Blindness Treatment Approved

A new treatment for macular degeneration that selectively destroys the excessive, leaky blood vessels responsible for vision loss may increase the number of treatable patients six to eight times, according to a Medical College of Georgia ophthalmologist.

About half the patients with the wet form of macular degeneration—the most severe form and the leading cause of blindness in people over age 65—may benefit from photodynamic therapy, a combination of a light-activated drug and a cold laser approved recently by the Food and Drug Administration, said Dr. Dennis M. Marcus, MCG vitreoretinal specialist.

With this therapy, the drug, verteporfin, is given intravenously and taken up rapidly by the abnormal glut of leaky blood vessels that destroy central vision. Ten minutes later the cold laser, focused on the mass of abnormal blood vessels behind the retina, activates the drug within.

The outpatient treatment takes about a half hour. The primary side effect is hypersensitivity to light for 36 hours until the drug clears the system; patients should not be exposed to sunlight during that time.

MCG has experience with the new treatment; it was one of 200 centers in the country permitted to use the new treatment while FDA approval was pending.

Experience with photodynamic therapy in three years of clinical trials showed that vision improved for 10 percent to 15 percent of patients and treatment slowed the catastrophic destruction of central vision by 20 percent.

Dr. Marcus stressed that the new photodynamic therapy also does not cure the wet form of macular degeneration and cannot be used in all patients. "It's a large step in the right direction. It's not a cure for this disease, but it's the best thing we have seen yet," Dr. Marcus said.

The Tiniest Patients

Toni Baker

They were pioneers, one by plan and two by chance, a quarter-century ago.

Dr. William P. Kanto Jr. was a young neonatologist who had joined the faculty of the Medical College of Georgia the year before to begin a transport team to bring premature and critically ill newborns to the tiny neonatal intensive care unit. Dr. Gregory V. Smith had finished medical school the same year Dr. Kanto came to MCG and was now in the throes of a pediatric internship. His wife, Dr. Paula Eubanks, was a gifted photographer, artist and teacher. In April 1975, she was teaching in nearby Aiken, S.C., pregnant with their first child while he was spending most of his life in the hospital learning to care for other people's children.

On April 12, a Saturday, Dr. Smith was working and his wife was having stomach pains, but she persevered and went to a workshop in Columbia, S.C. The pain worsened; Dr. Eubanks came home and called her doctor, who told her to meet him at St. Joseph Hospital. A friend drove her to the hospital and to a place in time that would forever change the lives of the young couple.

Dr. Eubanks could hardly believe it when the nurses told her it was time to have her baby. She wasn't supposed to deliver for three months. "I was really frightened. I didn't like what I was hearing. The nurse said, 'You are going to have a baby tonight.' I said, 'No, I'm not.'"

Across town at University Hospital, her husband had just been called to participate in a Caesarean section. The baby was not breathing and had to be resuscitated. In the middle of that potential tragedy came word of his own.

"I was terrified. I was in shock," he said. His wife had a quick, vaginal delivery. And when the first tiny baby came out, there was still an extra heart beating inside her. They had tiny twins.

"I saw them go down the hall in transport incubators with Dr. Jim Bennett (class of 1946)," Dr. Smith said, then he watched as his babies weighed in at 2 pounds, 2 ounces and 2 pounds, 4 ounces.

Babies this size don't cause a lot of commotion in the Level III NICU at the MCG Children's Medical Center today where babies are often half that size. But 25 years ago, before the days of super ventilators and substances such as artificial surfactants and nitric oxide to help undeveloped lungs breathe, the twins faced grim odds.

The transport team, organized by Dr. Kanto less than a year before to try to improve those odds, came from MCG to fetch the twins. "I remember talking with my wife and we were both very

Will Smith with his mom, and with twin Robby (facing page).

sad and upset. We both knew that the odds of their survival were minuscule; the chance of both surviving was less than 4 percent based on the current morbidity and mortality statistics. So we talked about how nice it would have been to have twins," Dr. Smith said.

The sight of his babies in the unit where he had only worked before was too much. They were both badly bruised from their delivery, and ventilators supported their breathing. All Dr. Eubanks remembers was looking down at her own white shoes and at her twins' curly hair and matching cowlicks.

Dr. Kanto was on a transport to Dublin, Ga., to pick up a baby referred by Dr. J. Roy Rowland (class of 1952) when the Smith twins arrived in the unit. Doctors went on transports in those early days, when plans were unfolding to lower Georgia's abysmal infant mortality rate of 16 to 18 deaths per 1,000.

One answer appeared to be the development of NICUs, such as MCG's. A report recommended that Georgia have 50 NICU beds divided between Augusta, Columbus and Atlanta. The units turned out to be only part of the answer, albeit a key part. Babies such as the Smith twins typically died in hospitals that didn't have an NICU. So transport teams, such as the one in Augusta, were started to bring high-risk babies back to a hospital that did.

"We were a real SWAT team that came in and took care of everything," Dr. Kanto said. Those trips were exciting and educational. Team members soon realized that to maximize survival of babies, they must help train all hospitals to handle the birth of a premature or otherwise critically ill newborn. "What we realized was if you didn't get out there and take care of the baby immediately, then by the time he got to the NICU, he was damaged to the point that you could not help. We had to move the boundaries of the NICU out," Dr. Kanto said. "We had to help hospitals establish systems of resuscitation and stabilization." That realization was the beginning of educational outreach.

The untimely birth of identical twins Willis Crawford Smith and Robert Franklin Smith plopped them right into these frontier days of neonatology. "It was the beginning," reflected Dr. Kanto, not just at MCG, but in the country. At that time, babies the size of the Smith twins typically weren't treated at all. "The current thought was that a lot those kids should not be provided ventilator support and they died. A lot of the babies with congenital anomalies that our surgeons now handle beautifully died," he said.

But the small NICU and its staff set the standard early for pushing the frontier and reaching out to sick babies, a standard their contemporaries continue. "A lot of those kids, with a little support, did well and that encouraged you to give other kids more support. Success fostered you to challenge the limits," Dr. Kanto said.

'No' was an unfamiliar word. The phone would ring and the transport team would go. Dr. Kanto vividly remembers talking on the phone to a referring hospital in Columbia, S.C., prepared to say there was just no more room. He looked up to see the mournful faces of his nurses. "So we took him," he said, his voice cracking.

And so the Smith twins found themselves with a small but compassionate group of health care professionals busy trying to expand the frontier and save their lives.

"When I was a medical student and

Dr. Gregory V. Smith with patient.

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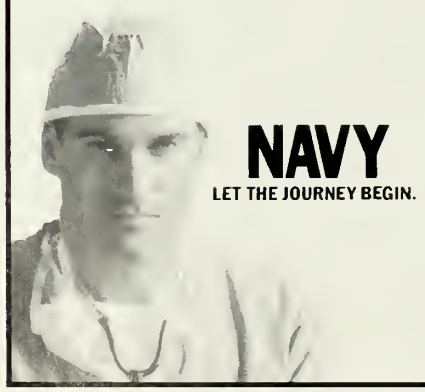

NAVY
LET THE JOURNEY BEGIN.

rotated through pediatrics, they were still modifying adult ventilators for use in neonates," Dr. Smith said. "At that time, a 2-pound or 3-pound baby just about always died. The treatment for hyaline membrane disease was to give them some oxygen and pray a whole lot."

The twins struggled daily to get sufficient oxygen and nutrition. Larger obstacles loomed, too, such as Will's patent ductus arteriosis; there were discussions about surgery, but at that time, no baby his size at the hospital had survived surgery to close the hole between the large blood vessels of the heart. Fortunately Will's would eventually close on its own. Then there was the fear that Robby had hydrocephalus, because his head was growing so rapidly. Robby was transported for the second time in his short life, this time just down the block to University Hospital for what probably was one of the earliest computerized tomography scans of a premature baby's head. His ventricles were in fact enlarged, yet he was asymptomatic, so the doctors did nothing. Years later, while plodding through the neonatology frontier, the doctors would learn that large ventricles are normal in these babies.

The parents say that even today, those days have a dream-like quality. Dr. Eubanks called herself "queen of denial," saying she couldn't have functioned otherwise. She focused on being with her children and providing them breast milk.

"You get to the point where you are numb," Dr. Smith said. "The stress, not just of doing an internship—which is about as major a stressor as you can have—but the stress of going through this as a parent, and knowing too much...."

As he reflects on those days or sees a baby today in his busy group pediatric practice in Gainesville, Ga., the images come back. "I'm looking right now at Will and Robby in that NICU. Those images come back and never go away. You have a sense that your children are not OK and it takes a long, long time to realize that they are OK."

He remembers vividly the people who were there for his family, such as Drs. Sara B. Rogers (class of 1973) and Lynnette Calvert, who took their call time sitting at his babies' bedsides. "I have not seen those ladies in years," he said, but they are never far from his heart; neither is Dr. Kanto.

Today as Dr. Kanto, now chairman of the Department of Pediatrics, reviews the charts of the babies he helped treat 25 years ago, he is actually amazed that they did so well despite what wasn't known then. By day 14 he was writing in his patient notes, "I think we can be cautiously optimistic at this point."

The Smiths took their babies homes just about the time they should have been born. But the story only begins there.

Today the twins are 25 years old, vastly different by choice, according to their mother. "Robby ate the fruit, Will ate the vegetables," she said. Newly married Robby inherited his father's love of science; he's begun work on a doctorate in pathology at the University of Pittsburgh. Will inherited his mother's creative flair; he maintains the grounds of Emory Conference Center Hotel and takes classes at Southern Polytechnic State University. He thinks maybe he should follow his heart and pursue movie and television production.

Some physical scars of their harrowing birth remain, and they both have hearing loss; Will's is the most severe. But they also share a profound appreciation for the lives they almost didn't have.

Their dad knows he's a better man and pediatrician because of it all, acknowledging that life's lessons are learned in those hard times and praying that he's learned most of his.

The twins remain pioneers, going where few have gone before them. "We don't know what their longevity will be like, how being that premature and that sick is going to affect their life span, their cardiovascular system, their pulmonary system," said their father. "We are just looking at the unknown and I worry because we don't know.

"It's a great adventure they are on, because they have been given something that no one had before them and that's life, that small, that premature. They were given that gift. They will be a great experiment."

To the Rescue

Toni Baker

The call comes and within 30 minutes an elite team is en route to a baby in need.

The decision to send them is straightforward. "If the level of care required for any baby is greater than the resources that hospital can provide, the baby needs to be transported to another level of care by an experienced, licensed transport team," said Dr. Jatinder J. Bhatia, chief of the Medical College of Georgia Section of Neonatology.

Experience is essential for the nurse and respiratory therapist who rapidly take to the road or the sky to stabilize premature or otherwise critically ill newborns and transport them to the busy, 36-bed neonatal intensive care unit at the MCG Children's Medical Center.

"Physicians will call us from another hospital with a newborn who just keeps throwing up or with the absolute sickest of sick babies on the ventilator on 100 percent oxygen," said Barbara Asmann, manager of neonatal specialized services.

The answer to the call for support is inevitably "yes" from the NICU, which often exceeds normal capacity to take babies in need.

The shortest trip the neonatal transport team makes is down the block to University Hospital, an Augusta hospital that also has a Level III NICU but doesn't have subspecialty backup. "Essentially what you are doing is transporting them from a bed where they are stationary to a bed where they are mobile with all the same things," Dr. Bhatia said. "You want to maintain the same environment for the baby, such as temperature and ventilation pressures. These babies can get cold quickly and get stressed."

The longest trips can be hundreds of miles to babies across Georgia, South Carolina and sometimes Florida and Alabama as well. Team members always are ready for the some 200 trips they make each year, taking with them an ever-increasing array of specialized equipment and medicines the babies may need, preprinted orders for handling most situations and a lifeline back to the NICU for the rest.

"At first it's scary because you have the idea of being on your own," said longtime team member and nurse Debbie Wall. "But the autonomy is also exhilarating because then you are a two-person team. We call each other husbands and wives because [we] are always together."

"The name of the game is stabilize and transport," said Bill Grayson, respiratory therapist (class of 1992). "If the baby is critical, you want to get back as soon as possible. It's just you and the nurse without the safety net of the NICU."

Often the sickest babies transported by the team need high-level critical care such as ECMO, or extracorporeal membrane oxygenation—a last-ditch measure for babies in respiratory failure. Once back in the unit, transport team members also keep vigil at the bedside of such babies.

"There are times when you get down there and want to stabilize the baby as much as possible, but if he just needs ECMO, there is nothing else that can save him...." Mr. Grayson said.

"He is going to die," said Mrs. Wall, finishing his sentence.

"He's on maximum support. It simply becomes a race in time at that point, a race to get the baby here as soon as possible," Mr. Grayson said.

Sometimes the baby's needs are unclear, other than to get to the CMC. Team members call these transports a 'throw and go.' "It means you don't have time to really assess these babies because they are that critical," Mrs. Wall said. "You look at them, you do what you have to do, you get them in the transporter and you run."

One thing that is a must, regardless of the state of the baby, is that his parents see him before they take him away. "I don't think we have ever left without seeing a parent, even if it has meant having them wheel the mother to the baby on a stretcher," said Mrs. Wall, a mother herself. "If it's that critical, she may not see him alive again."

They also leave behind a picture of the baby. In less-tense situations, they use a videoconferencing system so parents can see the NICU and meet other members of the team.

But it's the faces of the transport team that parents most remember in those first frantic hours. The bond exists for team members as well, who always feel a kinship with babies they have transported. "You automatically go and check on those babies," Mrs. Wall said.

Back home in the NICU, faculty and staff are preparing on their end as well, maintaining regular contact with the travelers and ensuring that needed resources are ready when they arrive.

Sometimes back in Augusta, it seems like forever before the team returns, most probably because one day, they did not.

Aug. 7, 1993, respiratory therapist Art Hardy and registered nurse Debbie Matthei died when their fixed-wing aircraft crashed while transporting a day-old baby from Adel, Ga. The baby and pilot also died.

"That never, never goes away," Dr. Bhatia said of that horrible Saturday. "I always worry, especially when they fly. When a transport team is out, time flies for them. But time slows down for us, so very often we call multiple times. Sometimes they get irritated."

But the NICU is only checking in—not checking up—on their roving ambassadors.

Dr. Bhatia reflected on the September day the unit staff prepared to go well above census as transport team members helped move babies in Savannah hospitals out of the path of Hurricane Floyd. "We are proud of them every time," he said. "They are some kind of team."

Christine Hurley Deriso

STRAIGHT TALK

If you aren't interested in straight answers, don't ask Dr. Joy Maxey any questions.

She's simply incapable of being anything less than forthright. And with her thoughtful incisiveness, impassioned opinions, vast vocabulary and rat-a-tat elocution, she's more than a little persuasive.

That persuasiveness is coming in handy these days. As the newly elected president of the Medical Association of Georgia, the Atlanta pediatrician has a lot to say on behalf of the people she represents. Those people, incidentally, aren't just doctors. First and foremost, says Dr. Maxey, the people she represents are patients.

Dr. Maxey, a 1984 graduate of the Medical College of Georgia School of Medicine and the first woman president of MAG, is particularly intent on reshaping what she perceives as a formulaic approach to medicine in today's health care environment.

"People think medicine is an algorithm—completely clear-cut," she said. "But every individual is unique. One size doesn't fit all, and that's the fundamental flaw of managed care. What is best for the individual? That's what we have to determine.

"I'm not Don Quixote-ish enough to believe we can turn back the clock. But we have to continually ask, 'Is this good medicine? Am I doing the best for my patients?'"

Dr. Joseph P. Bailey Jr., MCG Charbonnier professor of medicine and chief of rheumatology, says Dr. Maxey is constitutionally incapable of doing less. "She is totally honest, highly intelligent and extremely hard-working," said Dr. Bailey, a past president of MAG who has known Dr. Maxey since she was an MCG student. "She drives herself beyond expectation."

Those qualities, he said, make her a force to be reckoned with. "Her opinion is valued by medical circles as well as political circles. She is highly respected in Georgia."

That respect, he said, is coupled with affection. "I have a great sense of love for her," Dr. Bailey said. "I'm so very proud to see how much she's achieved. I believe she'll be one of the most outstanding presidents MAG has ever had."

Dr. Maxey, an Atlanta native whose success in a high school science fair propelled her to become the first member of her family to graduate from college, has hit the ground running. She scours the state touching base with MCG alumni, other health care providers, legislators and the general public to get a broad perspective about medical issues and how they affect people's lives.

On one issue, she is clear: Medicine is as much an art as a science, she says, and the art is being pushed aside at patients' peril. She fully values the scientific advances that have elevated medicine to heights unimagined even a generation ago. But science, she insists, is only half the equation. For instance, ongoing patient/physician relationships are beneficial in ways that can't necessarily be measured quantitatively, she said.

"A relationship is based on time," said Dr. Maxey. "Children receive the best care when you know as much as possible about their family history. It's that gestalt that enables physicians to do

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their best work." Third-party contracts may preclude or disrupt such relationships, she says.

One of her top priorities as MAG president is to lobby for a patient bill of rights. "I want doctors to be able to clearly act in the best interest of patients," she said. "Today, the business community drives managed care, which drives medicine. It's very frustrating to spend so much time filling out paperwork and to have non-physicians making medical decisions."

She also wants to educate patients to advocate for their own best interests—a trend, she said, that is already yielding change. "We're starting to see a reverse of some of the more aggravating circumstances that managed care has brought about," Dr. Maxey said.

But whereas patients are her top priority, she also reserves some energy to go to bat for physicians. "In addition to improving health care for patients, I hope to use my influence to improve practice conditions for physicians," said Dr. Maxey, bemoaning, for instance, the intricacies and idiosyncracies that can stymie reim-

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"I consider my profession to be a calling," she said. "But I certainly don't think blatant unfairness should be my lot in life because I'm pursuing my calling."

The joy of her calling is in the sublime and manic moments that fill her busy days–the coos of infants as she listens to their heartbeats, the rambunctiousness of toddlers as they zoom down her hall after a vaccination, the earnestness of adolescents as they confide in her about burgeoning social pressures. She also spends lots of time with parents, counseling them about issues such as breast-feeding and postpartum depression. "Postpartum depression isn't talked about enough," she said. "We need to explain it to parents and tell dads what to look for in moms' behavior that suggests they might need help."

Dr. Maxey finds particular satisfaction in forming deep bonds with her patients and their families.

"She's highly involved in her patients' whole being," said Dr. Bailey. "They become part of the family."

Dr. Maxey couldn't imagine practicing medicine any other way. "I concentrate on the whole child—his family, community, education, lifestyle, nutrition…they're all inextricably linked," she said.

For instance, she feels that the highly publicized attention deficit/hyperactivity disorder is as much a cultural phenomenon as a physiologic one. "I think ADHD reflects the uniqueness of American culture. Our society doesn't make much room for people like artisans" who aren't particularly goal-oriented, she said. In a slower-paced, less competitive environment, these children might thrive, she noted.

Also unique to America, Dr. Maxey said, is a dogged pursuit of unrealistic health care goals, such as easy fixes, limitless technological breakthroughs and bottomless access to resources. "It's truly an American issue," she said. "The hard questions will have to be asked. The ultimate question is, will sectors of society come to the table and answer these questions in a thoughtful, well-considered manner, or will the questions continue to be answered by default, as they are now?"

Yet she's ultimately optimistic. "People from other countries come here for their health care when they're able," she said. "We're the great escape valve. It's very important that people understand we offer the best health care in the world."

And the medical community is getting better at fairly distributing that care, she said, thanks to advances such as telemedicine and MAG's efforts to place physicians in rural areas.

As she serves her year-long tenure as MAG president, Dr. Maxey is champing at the bit to make a difference in the lives not only of her patients, but all Georgians. As she noted with a laugh, "I sincerely doubt my garden will receive much attention this year."

The Students' Friend

Christine Hurley Deriso

Dr. James B. Puryear discovered long ago that people's potential can't be found in numbers.

After a three-decade career at the Medical College of Georgia working with students and potential students, he's learned that grade point averages and test scores only hint at the essence of a human being. Dr. Puryear, who retired this spring as vice president for student affairs and professor of health sciences education at MCG, devoted his career to scratching beneath the surface and getting to know the person behind the numbers.

Dr. James S. Simpson III was one of the many who found that out firsthand. Dr. Simpson, a double-boarded radiologist in Lexington, Ky., was a chemistry major and captain of the University of Georgia baseball team 30 years ago. Because of his demanding baseball schedule, his grades fell a bit short of his high standards and abilities. He was crushed when he realized those grades threatened to block the path to his ultimate dream: medicine. After graduating from UGA, he applied to MCG—and was rejected.

But his application hadn't gone unnoticed. The School of Medicine Admissions Committee, at the time chaired by Dr. Boyd Sisson, insists on carefully reviewing each application and treating every applicant with dignity and concern. Committee members sensed Jim Simpson's substantial motivation, enthusiasm and altruism. Those are characteristics that college transcripts don't necessarily reflect.

Dr. Puryear, who at the time was director of student affairs and secretary of the School of Medicine Admissions Committee at MCG, urged this applicant not to abandon his dream just yet. He offered tips to become a more competitive applicant. Because of that guidance, the young man moved to Augusta and taught high school chemistry for a year. Dr. Puryear urged him to apply a second time to the MCG School of Medicine.

As much as Dr. Simpson appreciated his efforts, he assumed the news was bad when he met with Dr. Puryear as the admissions year was winding down. "I just couldn't let you get this news in the mail," Dr. Puryear said, handing him an envelope. It was his acceptance letter.

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"He believed in me," said Dr. Simpson. "I really, really wanted to prove him right."

Dr. Simpson thrived in medical school, becoming one of a small percentage of medical students named to Alpha Omega Alpha, the national medical honor society. He earned his medical degree in 1974 and his career has been in full throttle ever since. He's never forgotten that Dr. Puryear helped make it happen.

"He took a tremendous personal interest in me and showed such compassion," Dr. Simpson said. "I thought at the time he had singled me out, but I realize now I was probably one of many. My parents have always been great role models, but Dr. Puryear was my mentor. He changed the direction of my life."

Dr. Simpson established the James B. Puryear Scholarship at MCG to honor his mentor and lend a hand to medical students just as Dr. Puryear did for him.

The gesture touched Dr. Puryear beyond words. "That was a great day... very emotional for me," he said of the day the annual $6,000 scholarship was announced.

And as tirelessly as Dr. Puryear worked with worthy applicants to medical school, he was even more vigilant in assisting them once they arrived. "It's exciting to work with students at this stage of development," he said. "When I first came to MCG [in 1969], our department was very small; we had a staff of about 12. I wanted it to grow into a fully functional service in which students could have their needs taken care of outside the classroom and find opportunities to grow professionally—integrating their total life experiences."

Today, the 35-plus staff members of Student Affairs assist students in financial management, academic support, extracurricular activities and counseling. The department also advises the Student Government Association, maintains student records, coordinates programs for minority and international students, handles disciplinary cases, provides student housing and oversees admissions.

Dr. Puryear has worked hard to help MCG's high-achieving students achieve a sense of balance during their education. One of his top priorities—building a wellness center—will come to fruition in 2002.

He's also tried to promote more student interaction across school lines. "Medical students don't go to class with nursing students. MCG students have very little interaction with students from other schools. The curriculum limits them; they don't have any common courses. Yet they'll have to work together. We've tried to develop more cross-curricular experiences." For instance, MCG's Student Government Association hosts regular socials for all students, and several campus organizations seek to unite students based on commonalities other than the degree they are acquiring.

Such social outlets also help relieve stress—an ongoing goal of Student Affairs. For instance, the division works hard to alleviate a chief source of stress for many college students: money problems. The staff links students with grants, scholarships, loans, employment opportunities and other sources of financial relief. Their efforts have a track record of success. "Most of our students graduate with some debt, but we've been able to keep that debt rate well below the national average of health sciences schools," Dr. Puryear said.

If the task of ensuring an academically, emotionally, financially and socially satisfying experience for some 2,000 students seems Herculean, Dr. Puryear notes that only a second-to-none staff could pull it off. "We're truly blessed with this staff," he said. "They're just top-of-the-line people. It's been an honor to work with them."

His colleagues return the affection. "He's touched so many students' lives," said Dr. Barry Goldstein, senior vice president for academic affairs.

Those students, many of whom Dr. Puryear keeps in touch with long past graduation, are struck most of all by his warmth. "I always perceived him as the students' friend," said Dr. Joy Maxey, a 1984 School of Medicine graduate, Atlanta pediatrician and president of the Medical Association of Georgia (see page 8) "If we had a concern, we could come to him and he was there to listen. He's a true gentlemen and has done yeoman's service for MCG."

Dr. Puryear has carried that spirit of service into retirement. He volunteers for many community organizations, including the Boy Scouts of America and Augusta Training Shop, which matches the disabled with employment opportunities. He also is a deacon for First Baptist Church in Augusta and district governor-elect for the Rotary Club. He plans to refine his golf game and spend more time with his family; he and wife Joan, dean of general studies and allied health at the Augusta Techical Institute, have three grown sons.

Dr. Puryear is confident that the Division of Student Affairs will thrive amid the many changes taking place at MCG, such as the early-retirement program and the establishment of MCG Health, Inc. "I think [President Francis J.] Tedesco put it best: This is just another time of adjustment," he said. "I feel like we're ahead of the game. The quality of students is great. There's every reason in the world to think that out of this [change] can come a renewed institution."

And he's happy to have made his mark on it. "I'm very grateful for this career opportunity. A person couldn't ask for more."

OUT OF NOWHERE

Toni Baker

It came out of nowhere, like a heart attack or gunshot.

Oct. 20, 1999 was a typically long day for Dr. Regina L. Chorsky, a pathology resident at the Medical College of Georgia. She had spent much of it trying to identify the infection plaguing a motorcycle accident victim in the hospital. She and husband Brent were eating dinner in a restaurant that evening when the pain hit.

"I felt this sudden pain in the back of my head," Dr. Chorsky said. Her husband asked her to say something. "Then I realized I couldn't speak," except to almost get out the word "pain."

What happened next, she says, is a normal response. "I thought, 'If I can get out of here, I will ignore this and it will go away.'" At some level she knew better; it was her fascination with what can go right and wrong with body and brain driving her to become a forensic pathologist.

But this 49-year-old, Texas-born musician who decided only a few years ago to become a doctor could think now only about getting out the door and to her car. Her husband thwarted that attempt and called 911.

"I didn't have time to be scared," Dr. Chorsky said. But she did notice that the siren of the ambulance taking her to MCG Hospital wasn't as loud as she had imagined one would be. And she thought about the fact that the intravenous line she got on that short trip was the first of her life.

Shortly after she arrived in the emergency room, a computerized tomography scan showed a bleed in her brain. "I heard them say, 'It's a bleed; call neurosurgery.' I said, 'No neurosurgery. Call Dr. Yaghmai.'" It was the knowledge and skill of professors and practitioners such as neuropathologist Farivar Yaghmai that brought Dr. Chorsky to MCG to do her pathology residency.

But Dr. Chorsky didn't want to hear what Dr. Yaghmai had to say when he arrived at her bedside: He told her she needed neurosurgery and that he was calling Dr. Dennis E. McDonnell.

Drs. Regina L. Chorsky and Farivar Yaghmai

Dr. Chorsky had an aneurysm in the right middle cerebral artery of her brain. It likely was a combination of bad luck and lifestyle that brought her to this day. For whatever reason, just being a middle-aged woman increases the risk of an aneurysm; she was also a hypertensive smoker. "Smoking can elevate blood pressure, and that can have some deleterious effects on the walls of the arteries," Dr. McDonnell said. Because of the increased pressure, every pulsation of blood through the vessels was essentially an attack against the walls, breaking down the fibers that provide elasticity. "It's like blowing up a balloon; after a while, the walls get weak," Dr. McDonnell said.

The small amount of blood that had escaped from Dr. Chorsky's damaged vessel portended a much more severe, potentially deadly bleed. Within hours, the blood seeped into spaces over her brain, clogging pathways for cerebral spinal fluid that bathes the brain and

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increasing the pressure on her brain. The outward sign was that Dr. Chorsky was very sleepy.

Dr. McDonnell drilled a hole in her skull, passed one end of a tube into the ventricle of the brain and the other end into a collecting device outside her body. Her intracranial pressure dropped and she became more alert. As she roused, she thought about an aunt who lived well into her 80s without a repair. She knew the blood vessels could spasm during surgery, causing a stroke.

She was now on a ventilator, so could only write her concerns. "Actually, I was buying time. I wanted to get used to what had just happened to me, get some time to think and hopefully make the right decision."

Dr. Yaghmai told her there was no decision. She needed surgery immediately.

"Her aneurysm was buried in the front lobe of the brain, which cushioned it," Dr. McDonnell said. That position made her aneurysm a little harder to reach during surgery, but provided protection for a weak point in her artery that had been there long enough to collect significant plaque. The aneurysm also was somewhat complex, in that two areas had ballooned, rather than the norm of one lobe.

During surgery, Dr. McDonnell worked with Dr. Florence C. Barnett, who is about to complete her chief residency in neurosurgery. They cooled Dr. Chorsky's body to 31 degrees Celsius to reduce the brain's need for blood and oxygen, and worked their way through the crevices of the brain to the middle cerebral artery and the parent artery with the aneurysm.

"After we have the aneurysm completely dissected, so all the little arteries coming off the base of the aneurysm were separated from the main aneurysm, we put a spring-loaded clip across the neck of the aneurysm and occlude it off," Dr. McDonnell said. The repair was complex and challenging, with numerous branches arising from the base and plaque from the two lobes extending into the parent artery. Four clips were needed to close off the aneurysm and eliminate the risk of rupture.

About 30 percent of patients with a sub-arachnoid hemorrhage from an aneurysm have multiple aneurysms; an angiogram showed that Dr. Chorsky fell in the lucky majority of those who don't.

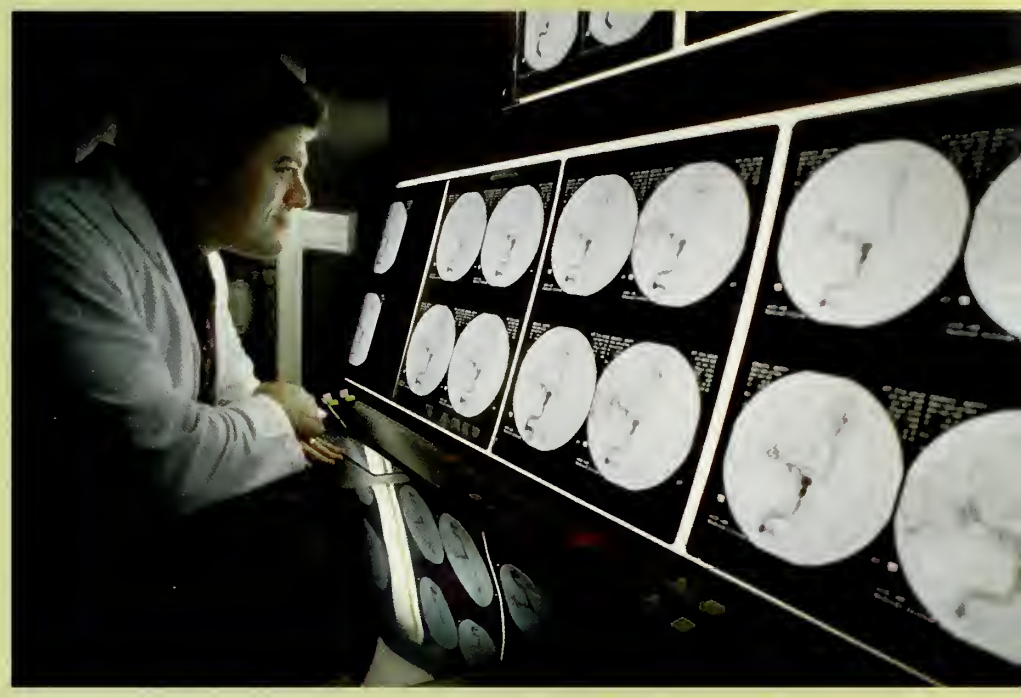
"The risk of aneurysm in the general population is about 7 percent and Dr. Chorsky will revert back to the general population regarding risk," Dr. McDonnell said, adding that she can help keep herself in that minority by not smoking—she says her aneurysm cured that habit—and keeping excellent control of her blood pressure.

Dr. Chorsky, a self-described feisty woman, was back at work by Dec. 1 and presented her own case at pathology grand rounds not long afterward.

As the resulting slight weakness in her left side fades, she hopes her renewed appreciation of life won't.

"I think it is a miraculous thing," she said. "I really do."

A New Approach to Aneurysms



Dr. Jeffrey A. Stone

Toni Baker

Tiny platinum coils placed inside a weak point of a blood vessel inside the brain can reduce the risk of rupture without the risk of surgery, according to doctors at the Medical College of Georgia.

This approach to occluding aneurysms, which starts by threading a catheter into the femoral artery in the groin, can preclude major surgery and make some previously unreachable aneurysms treatable, said Dr. Jeffrey A. Stone, neurointerventional radiologist.

"Coils are one way to block an aneurysm and reduce or eliminate its risk of rupturing that doesn't require surgery," said Dr. John R. Vender, MCG neurosurgeon. The more traditional route has been opening the skull and, with the aid of a microscope, putting a spring-loaded metal clip across the neck of the aneurysm to stop blood flow through the weakened spot.

Some areas can't be reached surgically without the risk of injuring brain tissue or blood supply. Also, some patients have medical problems, such as heart disease and hypertension, that increase the surgery risk.

But this new technique approaches the aneurysm from inside the vascular system. "Instead of clipping the blood vessel on the outside, we go into the aneurysm and put coils inside," Dr. Stone said.

The catheter containing the coils is threaded through the femoral artery, up to the carotid artery in the head and finally to the site of the aneurysm. Coils come in various sizes to accommodate the size of the aneurysm and are attached to a stainless-steel deployment wire with a bond that releases them when a small amount of electricity is applied.

"We have the ability to move the coil back and forth and place it exactly where we want it," Dr. Stone said. "When we get it in the right position, we apply a small charge that dissolves the bond and releases the coil where we want it."

Several coils may be needed to occlude a single aneurysm and any remaining space rapidly clots off. "The clot will organize and become solid," Dr. Vender said.

The procedure is performed in the angiography suite, rather than the operating room, and patients typically go home one or two days afterward instead of several days later with surgery, Dr. Stone said. Still this approach isn't for everyone; for example, if the neck of the aneurysm is too wide, the coils won't stay put and will be lost in the blood vessel system, where they can get stuck, cause a clot and potentially cause major complications, Dr. Vender said. Also, the aneurysm may be inaccessible by surgery or catheter. Complications include the coils being swept into the blood system and the puncturing of a blood vessel by the catheter. Also, particularly with larger aneurysms, it may be necessary to go back a second time to place additional coils.

Just deciding whether to treat an aneurysm can be tricky; there is a 3 percent cumulative per year risk that the aneurysm will rupture in a patient with symptoms from the weakened vessel and slightly less risk for an asymptomatic aneurysm, Dr. Vender said. The weak spots tend to occur at branches in blood vessels and the potential for rupture is there with every pulse of blood through that area.

Severe headaches are a major symptom of an aneurysm but asymptomatic ones are being found today as well because of improved brain imaging technology, Dr. Vender said.

Federal Generation Skipp

The federal estate tax applies to assets transferred at death. The federal gift tax was created so that the estate tax is not avoided through lifetime giving. The Federal Generation Skipping Tax ensures that taxpayers do not avoid both the estate and gift tax by using long-term trusts to pass assets to younger generations. It also ensures there will be a tax paid as assets pass to another generation.

The typical targets of GST are trusts that provide income payments to a child for life with the remaining assets being transferred on to grandchildren or later generations. Current estate tax laws do not require the assets to be included in the child's estate if they lack sufficient control over the assets. They may receive the financial benefits of the income while avoiding the payment of estate taxes as the assets are transferred to later generations.

General Rate and Application Information

The GST is applied at a flat rate equal to the maximum estate tax rate (currently 55 percent). Note that unlike estate and gift tax, there are no lower rate brackets for GST. Generation-skipping transfers also are potentially subject to estate or gift taxes. The combination of the estate or gift tax and the GST may exceed 100 percent of the amount of the transfer. Property transfers to multiple generations must be planned with care.

The GST is applied in each occurrence of a *Direct Skip, Taxable Termination* or *Taxable Distribution.*

Direct Skip Transfer to a "skip person" that provides no intermediate benefit to "non-skip person." A person is considered a "skip" if he is assigned to a generation that is twice or more removed from the person who is transferring the assets (grandchildren are a common example of skip persons). If all of the beneficiaries of a trust are skip persons, the trust will also be considered a skip person.

Taxable Termination This occurs when the interest in a trust of a non-skip person terminates and the only remaining beneficiaries are skip persons—for example, if the death of a child/beneficiary leaves only grandchildren as beneficiaries.

Taxable Distribution A trust makes a distribution to a skip person.

For GST tax purposes, everyone must be assigned to a specific generation. This is based on lineal descent or an implied generation assignment based on each 25-year age group. For lineal descendants, the spouse of a descendant is deemed to be in the same generation as the descendant.

A "move up" rule applies when the parent of a skip person is not living. The child will "move up" to the generation of the deceased parent. In this case any transfer will not be considered a direct skip.

Exclusions from the GST Tax

The GST tax does not apply to any transfers made prior to Sept. 25, 1985. An irrevocable trust created before then will be exempt for GST tax purposes. Any distributions from a trust in this category will generally not be subject to GST.

In the case of direct skip transfers, a transfer is exempt from GST if it is not subject to gift tax because it is within the annual $10,000 gift exclusion.

A $1 million GST exemption is available to each individual. Each individual can transfer $1 million of assets that would otherwise be subjected to GST. This amount is now indexed for inflation and is $1,030,000 for 2000.

When to Consider GST Planning

Generally, if the total value of the combined estates of a husband and wife is not expected to exceed $1 million, the GST tax will not be a direct concern unless children have sizable estates. If the total value of the combined estates of a husband and wife is over $1 million but less than $2 million, special GST tax-planning may be necessary. If the total value of the combined estates of a husband and wife is expected to substantially exceed $2 million, more sophisticated GST planning should be considered.

Including Charitable Giving in Your GST Plan

A Charitable Lead Trust is a tool well-suited for use as a part of a multiple-generation estate plan when the parents also want to benefit a charity. Effective use of GST exemption with a CLT can significantly benefit the family while providing a source of income to a charitable organization.

In basic terms a Charitable Lead Trust places assets into a trust that pays income to the charity for a lifetime or a pre-determined number of years. At the end of this term, the trust terminates and the assets are returned to the donor

ng Tax

or a recipient named by the donor such as grandchildren.

Example: Dr. and Mrs. John Smith want their grandchildren to inherit $10 million from their estate. When their grandchildren inherit the estate, it is reduced to $4.5 million by a 55 percent GST tax. When their grandchildren inherit the $4.5 million, it may be subject to a 55 percent GST tax. The total tax burden on the inheritance can be close to $8 million on a $10 million estate.

Instead of letting the $10 million pass to their heirs through a will, the Smiths transfer the assets to a Charitable Lead Trust. The trustee invests the assets to generate income, and pays the Medical College of Georgia a percentage of the trust assets for a lifetime or a specified term of years. At the end of the term, the trust principal, which has increased in value, goes to the Smiths' grandchildren with significant estate and gift tax savings through application of the GST exemption and use of a charitable gift deduction.

If the Smiths specify that 8 percent of the trust income be paid to the MCG Foundation, the foundation will receive $800,000 per year. At the end of the 25-year term, the Smiths will have made a $20 million gift while protecting the trust principle, $10 million, and its accumulated growth for their grandchildren.

The calculations for determining the application and exemption of the GST tax as well as the estate and gift tax deduction can be complex. A thorough exploration of all of the many details are beyond the scope of this text and should be discussed with your financial advisors.

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AlumNews

Distinguished Alumni Honored During Homecoming

Christine Hurley Deriso

The Medical College of Georgia's five alumni associations presented awards during MCG's Homecoming celebration April 27-30.

The School of Allied Health Sciences Alumni Association presented its Distinguished Alumnus Award to Jeanette D. Rasche, a 1990 graduate of the Department of Medical Illustration. Ms. Rasche is multimedia director of the

Center for Total Access at Fort Gordon, Ga., and an assistant adjunct professor at MCG. She has served on the board of the School of Allied Health Sciences Alumni Association and is a member of the Association of Medical Illustrators. She has won several national first-place awards for her medical illustrations.

Dr. David W. Perry, a 1984 School of Dentistry graduate, received the Distinguished Alumnus Award from the School of Dentistry Alumni Association. Dr. Perry, an Augusta periodontist, is president and a life member of the School of Dentistry Alumni Association. He is a past president of the Eastern District Dental Society and a member of the American Dental Association, American Academy of Periodontology and the Pierre Fauchard Academy.

The School of Graduate Studies Alumni Association presented its Distinguished Alumnus Award to Dr. Dennis Pillion, professor of pharmacology and toxicology at the University of Alabama at Birmingham, who earned a Ph.D. in cell and molecular biology from MCG in 1976. He is a scientist for the UAB Centers for Cystic Fibrosis Research, Vision Science Research and Aging. He has received numerous teaching and research awards at UAB, including the 1999 Presidential Teaching Award as the Outstanding Teacher of the Year.

The Alumni Association of the School of Medicine presented its Distinguished Alumnus Award for Professional Achievement to Dr. Betty B. Wray and its Distinguished Alumnus Award for Loyalty to her husband, Dr. Charles H. Wray.

Dr. Betty B. Wray, professor of pediatrics and medicine, chief of the Section of Allergy-Immunology and vice chairman of the Department of Pediatrics at MCG, earned her medical degree from MCG in 1960 and joined the faculty in 1968. She received a 1999 Distinguished Service Award from the Richmond County Medical Society, a 1990 Distinguished Fellow Award from the American College of Allergy and Immunology and a 1989 Distinguished Faculty Patient Care Award from MCG Hospital and Clinics. She is a fellow of the American Academy of Pediatrics.

Dr. Charles H. Wray, MCG Vice President for Clinical Activities Emeritus and Professor of Surgery Emeritus, earned his medical degree from MCG in 1959 and joined the faculty in 1964. He has served as acting chairman of the Department of Surgery, chief of staff of MCG Hospital and Clinics, vice chairman of the Department of Surgery, chief of the Section of General Surgery and twice as interim dean of the School of Medicine. He is a lifetime member and past president of the Alumni Association of the MCG School of Medicine.

The School of Nursing Alumni Association presented its Phoebe Kandel Rohrer Founders Award, named in honor of a former dean, to Dr. Gertrude (Trudy) G. Groves. Dr. Groves earned a bachelor's degree in nursing from MCG in 1968, a master's degree in nursing from MCG in 1972 and an Ed.D. in curriculum/instruction from the University of Georgia in 1986. She is professor and head of

the University of South Carolina-Aiken School of Nursing and is a certified gerontological nurse practitioner. She received the 1999 South Carolina Nurses Association President's Award.

Board Approves 2 New Chairs

Sally Lofton Simkins

The University System of Georgia Board of Regents has approved the establishment of two new chairs at the Medical College of Georgia.

The Presidential Distinguished Chair will support the salary of a distinguished faculty member at MCG. The $1.5 million endowment for the chair exceeds the requisite level of $1 million for the Presidential Distinguished Chair at a research or regional university. Funding for the chair comes from an anonymous philanthropic foundation and a grant from the MCG Foundation Institutional Support Funds which have come from donations by corporations and banks.

The Milford B. Hatcher, M.D. Chair will support the salary of a faculty member in the Department of Surgery. A $500,000 endowment for the chair comes from gifts and income from the Hatcher family and a grant from the MCG Institutional Support Funds.

Dr. Hatcher, a 1935 MCG graduate, is a former president of the MCG Alumni Association and received the Alumni Affairs Distinguished Service Award. He was a diplomate of the American Board of Surgery, a fellow of the American College of Surgeons, a diplomate and member of the Board of Directors of the International College of Surgeons, a fellow of the Southeastern Surgical Congress and a member of the Board of Governors of Hospital Corporation of America.

He also is a former president of the Medical Association of Georgia and the Georgia Surgical Society and a director of the Georgia Chapter of the American College of Surgeons. He was founder and first director of the Surgical Residency Program at the Medical Center of Georgia in Macon.

3 MCG Programs Ranked Among Best in Nation

Three Medical College of Georgia graduate programs were ranked among the best in the nation in *U.S. News and World Report's* Best Graduate Schools 2001 edition.

The MCG School of Allied Health Sciences physical therapy program was ranked 33rd in the nation. The School of Medicine primary care program was ranked 42nd and the School of Nursing master's-degree program was ranked 46th.

The news magazine *U.S. News and World Report* annually gathers data on indicators of academic quality in more than 1,000 statistical surveys and nearly 13,000 reputational surveys to rank graduate programs in five major disciplines. The programs are assessed using objective measures such as the test scores of entering students and faculty/student ratios.

A Tribute to the Medical College of Georgia from the Mid-Century Class of 1950

Editor's note: Dr. Charles Carroll Lamb ('50) wrote the following tribute on the 50th anniversary of his class's graduation from the Medical College of Georgia School of Medicine.

You welcomed us with open arms, held our hand, and led us through years of scientific study.

Your professors were dedicated and sincerely interested in our success, with care and concern for all.

There was graduation and the Oath of Hippocrates, which we swore by, and have honored as you prescribed.

We've seen you grow and prosper for fifty years, an example of excellent medical education.

We love you, support you sincerely for evermore, and surely, the Lord blesses you forever.

Class Notes

School of Allied Health Sciences

Anita M. Chambers (nuclear medicine, '83) is vice president of marketing for Computer Motion, a medical robotics company. She spent the first few years of her career in the clinical environment, then joined the medical device industry. Robotics techniques are used in many forms of health care, including several kinds of surgery.

School of Dentistry

Dr. Leroy R. Polite ('78), Jacksonville, Fla., retired from dentistry after 20 years to establish a company, My Financial Future Inc., to teach individuals how to study, monitor and invest their money. His wife, Helen E. Poe Polite, is a registered nurse. They have three children. The oldest, Dr. Lorraine Polite-Clark, is married to Dr. Bennie Clark. They have two daughters, Sydney and Lyndsey. Their son, Harold, is in graduate school at the University of Northern Iowa. Daughter Lorette is a third-year dental student at Howard University.

Dr. Glenn Alex ('87), Athens, Ga., recently presented a seminar titled "Unlocking the Mysteries of Equilibration and Occlusal Diagnosis" at a three-day hands-on course attended by dentists nationwide.

School of Graduate Studies

Dr. Darrell W. Brann (physiology, '90), associate professor in the Department of Physiology, organized and chaired a symposium titled "Neurobiology of the GnRH Neuron" at the Experimental Biology 2000 meeting in San Diego, Calif., April 15-18. Dr. Brann also presented a talk in the symposium titled "Astrocyte-Neuronal Interactions and Control of GnRH Secretion." Other topics included new experimental models for the study of GnRH neuron physiology and function, homeodomain proteins that regulate the GnRH gene, and differentiation, migration and neuroprotection of GnRH neurons.

The symposium was sponsored by the Endocrinology & Metabolism and Central Nervous Systems sections of the American Physiological Society. Over 6,000 scientists worldwide attended the Experimental Biology 2000 meeting.

Dr. Ptlene Minick (Ph.D., '92) and her co-authors won an award in the education category of the 1999 AORN Journal Writers Contest for their article, "Clinical Decision-Making Processes in Perioperative Nursing."

Obituaries

Angela Cameron Raines, 24, graduate student, died Feb. 7. She was the daughter of John D. and Angela Lord Raines of Sandersville, Ga.

School of Medicine

Dr. William H. Houston ('47), Jacksonville, Fla., closed his private ophthalmology office in 1991, then did office ophthalmology for the Department of Veterans Affairs for six years before retiring in January. He has been married over 55 years to Lynelle Hooks Houston from Swainsboro, Ga. They have three children: Myra Houston, Dr. William H. Houston III and Dr. Wayne B. Houston.

Dr. Barrett Rosen ('68), Nashville, Tenn., practices orthopaedic surgery and is president of the Tennessee Medical Association.

Dr. William L. Early ('78), Ball Ground, Ga., has been selected one of Cherokee County's 30 most influential citizens of the 20th century—the only practicing physician so honored. Dr. Early is the founding and managing partner of Medical Associates of North Georgia, a large multi-specialty clinic he started in 1981. The clinic offers primary care, pediatrics, family medicine, gastroenterology, cardiology, neurology and pulmonary medicine. It has a complete radiology department and gastrointestinal endoscopy lab and is a certified diabetic center. Dr. Early and wife Donna, a 1977 graduate of the MCG School of Nursing, have five children.

Dr. Frank L. Carter Jr. ('87) of Medical Associates in Waynesboro, Ga., has been appointed to the Georgia 4-H Foundation Board of Trustees, a non-profit organization that supports the programs and facilities of the Georgia 4-H program. The statewide foundation selects trustees based on leadership and support of 4-H. Dr. Carter is a former Lanier County 4-H member. He served as a summer camp counselor and manager at Tybee Island 4-H Center and received Master 4-H status. He will work with 22 trustees statewide to lead the "Pledged for Life" capital campaign, a three-year effort to raise $4.7 million for 4-H. Dr. Carter and wife Christy (nuclear medicine technology, '85) had their first child, daughter Kelly Nicole, March 7.

Dr. Denise A. Yardley ('88) is director of medical oncology at the University of Texas Southwestern Center for Breast Care at the Harold C. Simmons Comprehensive Cancer Center. She received the American Cancer Society Career Development Award and is president-elect of the University of Texas Southwestern Faculty Senate. She has published articles and participated in and clinical trials related to her research interests of breast cancer, cancer genetics and chemoprevention.

Dr. Ryan Walley ('98) married Susan Chu, a fourth-year medical student at MCG, March 4. Ryan is a second-year resident in the MCG Department of Pediatrics. His wife will begin pediatrics training at the University of Alabama, Birmingham, in July.

School of Nursing

David V. Glorious ('87), Ocala, Fla., is a doctor of osteopathy board-certified in emergency medicine. He is medical director of Florida State Fire College Adjunct Institute at Central Florida Community College. He and wife Marianne have a dog named Casper.

Deadline for submitting information for publication in the fall issue of AlumNews is July 28, 2000.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso, FI-1042; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

Alumna Named Director of Clinical Trials Compliance

Toni Baker

Dr. Shelia L. White, an alumna and former faculty member of the Medical College of Georgia, has been named director of MCG's Office of Clinical Trials Compliance.

The office oversees clinical research projects to ensure compliance with MCG, state and federal policies.

She returns to MCG from the University of Alabama at Birmingham where she was a clinical assistant professor in the School of Dentistry's Office of Clinical Affairs.

Her previous appointments at MCG include assistant professor in the Department of Associated Dental Sciences in the School of Allied Health Sciences from 1988 to 1994; part-time dental hygienist in the Student Health Dental Clinic from 1981 to 1985; and staff dental hygienist and instructor in the Children and Youth Clinic from 1979 to 1985.

Dr. White also was a dental hygiene consultant for the Office of Dental Health, Family Health Services Section, Division of Public Health, Georgia Department of Human Resources from 1985 to 1988.

She earned a bachelor of science degree in dental hygiene from the MCG School of Allied Health Sciences in 1979, a master of health education degree from the MCG School of Graduate Studies in 1985 and a Ph.D. in health education/health promotion from UAB in 1998.

She received the Georgia Society of Allied Health Professionals Research Award in 1994, the MCG School of Allied Health Sciences Research Award in 1993 and the Teacher of the Year Award from the second-year dental hygiene students in 1992.

Dr. White is a member of the International Association for Dental Research. Her research interests include people's rights as subjects in clinical research.

Dr. Shelia L. White

Board Discontinues Associate-Degree Programs

Sally Lofton Simkins

The University System of Georgia Board of Regents approved at its April meeting the discontinuation of the Medical College of Georgia's last five associate-degree programs. The eliminated programs have no students enrolled and their faculties have been redirected to other institutional programs.

As Georgia's health sciences university, MCG offers bachelor's, master's and doctoral degrees.

The terminated programs are:

- Associate of science in dental hygiene
- Associate of science in nuclear medical technology
- Associate of science in occupational therapy assistant
- Associate of science in radiography
- Associate of science in radiation therapy technology.

4 Faculty Receive Awards

Sally Lofton Simkins

Four Medical College of Georgia School of Allied Health Sciences faculty members were honored at the school's spring Faculty Awards Assembly April 19.

Patsy Brinson, who retired March 31 as lead technologist in the Department of Radiology at MCG Hospital and Clinics and clinical instructor, received the Outstanding Clinical Faculty award.

Dr. Randy Baker, a registered respiratory therapist and assistant professor in the MCG School Allied Health Sciences and School of Graduate Studies, received the Research Award for his research in pediatric asthma.

Distinguished Service Awards were presented to Dr. Nancy Prendergast and David Mascaro.

The service award was the second won by Dr. Prendergast, associate dean of the school and professor in the Department of Occupational Therapy and the School of Graduate Studies. She first received the award in 1982. In 1985 she received an MCG Outstanding Faculty Award. A graduate of Ohio State University, Dr. Prendergast received her master's degree in 1970 from Temple University and her doctorate in 1984 from the University of Georgia. She is certified by the American Occupational Therapy Association.

Mr. Mascaro, associate professor in the Department of Medical Illustration and the School of Graduate Studies, received his bachelor's and master's degrees in medical illustration from MCG. He has been on MCG faculty since 1971. He is a fellow of the Association of Medical Illustrators.

Medical Technology Introduces Internet Program

Sally Lofton Simkins

An Internet bachelor of science degree program in medical technology will be offered by the Medical College of Georgia beginning in August. The new two-year program for students who are already certified laboratory technicians was approved by the University System of Georgia Board of Regents Jan. 12.

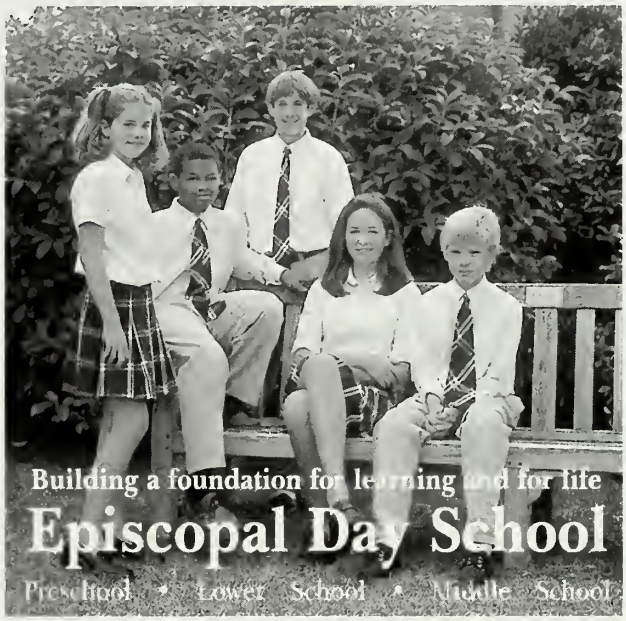
Admission to the Internet program will be limited to 10 students to allow individual faculty attention.

The new program is an expansion of a two-way video distance program that began in 1993 through the Georgia Statewide Academic and Medical System. In the GSAMS program, students attended class at a GSAMS site and worked with community hospitals for clinical laboratory rotations. In the new program, the classroom will be the student's home or local Internet access. Prior to being accepted in the program, an internship site must be established for clinical projects. Technicians who are working may intern at their work site if approved by the site and MCG. Students will be expected to spend 11 hours a week during each 15-week semester on internship activities.

Dr. Julia R. Crowley, professor and chairman of MCG's Medical Technology Program, said the new program should help meet Georgia's need for medical technologists by not limiting classroom access to the MCG campus or GSAMS site. "There is a desperate need for medical technologists in the state," she said.

The program is intended to address the needs of non-traditional, associate-level graduates who want a baccalaureate degree. In addition, it is anticipated that the program will help rural areas that have difficulty recruiting graduates and provide the additional training needed to function at the technologist level.

The program is in full compliance with the accreditation requirements of the National Accrediting Agency for Clinical Laboratory Science. Graduates will be immediately eligible for national certification examinations. Additional information and a survey for interested technicians are available at http://www.mcg.edu/MedTech/MLTHomepage.htm. A survey for laboratory supervisors also is available at the Web site.



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Dental Student Climbing to New Heights

Deborah G. Steele

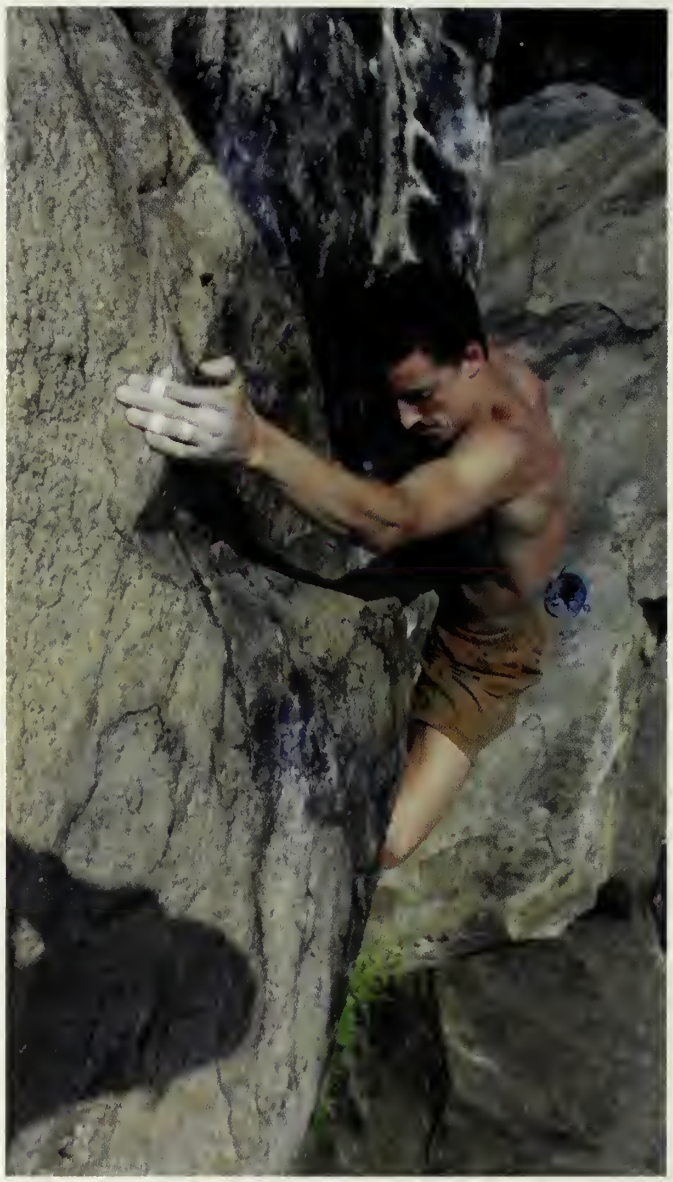
Ask Scott Jett's friends to describe him and they will probably sum him up in just a few words: daring, adventurous and enthusiastic. Some may even say crazy. And Scott just might agree with them.

Scott, a 26-year-old senior dental student at the Medical College of Georgia, is a rock-climber, a hobby that evolved from his love of backpacking as a child. "I've been doing non-technical climbing since I was a kid," he said. "Technical rock-climbing was the next logical step. The mountains in California are awesome."

For Scott, a native of Sanger, Calif., rock-climbing—which requires attention to detail, quick maneuvering and precision thinking—"is all about pushing myself, defining and dealing with fear, and going to outrageously beautiful places that aren't otherwise accessible," he said.

Scott's most challenging adventure was a four-day climb of the Liberty Bell Spire in northwest Washington in1998. Liberty Bell Spire, a granite thumb that juts directly upward, presents challenges that only the most skilled climbers can master.

"I've done some very steep climbs on Tallulah Gorge in north Georgia," he said. "I've also climbed the south face of Looking Glass Rock in North Carolina."



Scott Jett

Scott, the father of 2-year-old Sierra, calls climbing the "ultimate adventure. It's nothing like you see in the movies. It's not like 'Cliffhanger.'"

But he acknowledges the sport is "extremely dangerous. Now that I'm a father, it makes me very aware of the consequences of my actions. I used to want to go to the Himalayas and climb seriously big mountains, but not anymore."

Scott and his wife, Kristie, make being outdoors a family affair. When Sierra was just 4 months old, they put her in a backpack and took her to Looking Glass Rock. "We let her be in nature and she loves it," said Scott. He recently took her on a climb of some exposed rock at the Augusta Canal. "She looked at me and said, 'Daddy, climb with me,' and I did and she said, 'Yeah. Yeah.'"

Kristie, a full-time mother and nanny to several of Scott's classmates' children, supports her husband's hobby 100 percent. "He loves it," she said.

Supporting his habit means more than allowing him to take some risks, but also investing in the necessary tools—special shoes, ropes, gear and clothing. Equipment alone can be very expensive, said Scott, who estimates he has $8,000 worth of rock-climbing equipment and clothing. "It's very expensive to get the hardware," he said. "I usually get it for Christmas and my birthday—$15 to $20 at a time."

Scott, who plans a three-year periodontics residency at MCG, said he'll continue climbing and introducing the sport to his friends. "I drag a lot of people around," he said. "I have one partner who lives up in North Carolina who's a real rock climber. I usually grab friends from around here who are getting started. That way I can show them the ropes and they can learn from me.

"I'll be an old climber," he added.

"He will," said Kristie, smiling. "With his daughter and sons."

Alumna Urges Minorities to Consider Dentistry

Deborah G. Steele

Medical College of Georgia alumna Dr. Celestine Varnedoe-Jackson encouraged minorities to join the dental profession during the Student National Dental Association's annual Impressions Program on campus.

"Demographic studies indicate that there will continue to be an increasing demand for dentists associated with rural areas and underrepresented minorities, especially African Americans and Hispanic Americans," said Dr. Varnedoe-Jackson, a 1983 graduate of the MCG School of Dentistry and president of the Georgia Dental Society. "The Georgia Dental Society has committed itself to fostering a better relationship with the SNDA in hopes of improving the current situation in the state of Georgia."

The SNDA, which consists of minority dental and dental hygiene students and strives to increase minority student enrollment in dental schools, hosts the Impressions Program yearly to enable potential applicants to visit the dental school and interact with dental students, administrators and professors.

Students from Georgia colleges, universities and high schools attended this year's program, which was coordinated by Tarem Hendricks, president of the MCG chapter of the SNDA. Students were provided an overview of the dental hygiene program, the Area Health Education Center, financial aid, minority student affairs and dental school admissions procedures and toured the dental school.

"I think a lot of students who participated in [the Impressions Program] really became excited about what dentistry has to offer," said Dr. Granville Wrensford, director of the Health Careers Opportunity Program at Albany State University. "Many of the pre-health students have been thoroughly exposed, and tend to lean toward careers in medicine rather than dentistry. But, I believe [the Impressions Program] further uncovered different options that many of our pre-health students previously had not fully considered."

Rotation Links Pharmacy Students to Dentistry

Deborah G. Steele

Amy Brooks didn't realize her pharmacology skills could be used in a dental office. But after a four-week rotation at the Medical College of Georgia School of Dentistry, she discovered her knowledge can be used in more places than she ever imagined.

"I didn't realize the role medicines play in dental work," said the 23-year-old senior pharmacy major at the University of Georgia. "I get a lot of questions [from dental students]. There are drug interactions and it's important to find out the diseases these patients have that can affect dental procedures."

The dental school rotation is among the latest to be added for pharmacy students at UGA. The collaborative effort between the two schools to offer the rotation was initiated earlier this year when MCG dentist Joe Konzelman attended a continuing education lecture at the University of Iowa and a friend suggested one of his pharmacy students come to Augusta for a three-day clerkship.

"He wanted his students to learn our technique of treating patients as part of their degree completion," said Dr. Konzelman, a preceptor for the rotation. "It gave me the idea that we could have other pharmacy students come and benefit from the rotation."

Dr. Konzelman and MCG clinical pharmacist Joseph DiPiro invited UGA pharmacy students to come to MCG for an optional rotation. "This is the type of interdisciplinary activity that MCG needs to foster," said Dr. Konzelman. "We can be much more effective when we know each other and work together toward the same patient care goals."

Amy was the second UGA student to complete the rotation. Wendy Bass completed the rotation in September.

"The students were great to work with and would ask me questions, which helped me review my knowledge base and helped them at the same time," Wendy wrote on an evaluation form.

"[This rotation] is mutually beneficial," said Dr. Konzelman. "There's a potential career field in dental pharmacology for a [pharmacy] student as an educator, as well as in a dental-oriented pharmacy and dental school. Our students benefit by being exposed to more practical aspects of pharmacology."

"It can't hurt to know too much," said Amy. "In pharmacy school, we don't have formal lectures about dentistry. Plus, I'm learning a little bit about dentistry. Initially, I wanted to work in retail, but now that I've had clinical experience, I'm debating on where is best suited for me."

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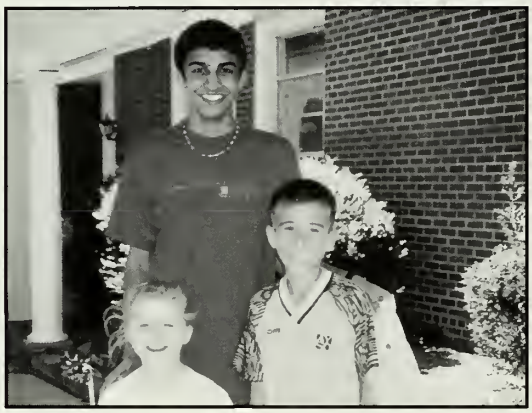

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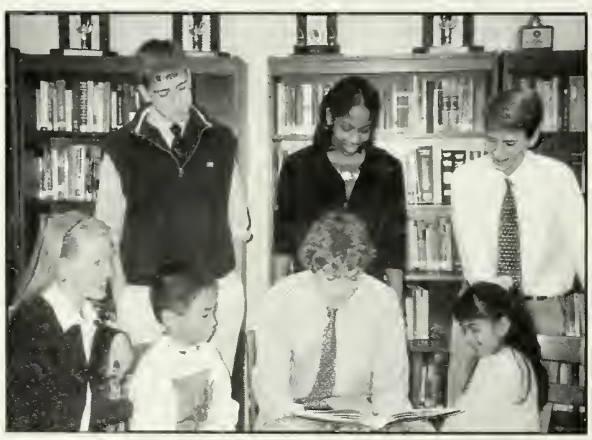

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The MCG School of Dentistry class of 1975 enjoyed a 25-year reunion dinner April 29 during Homecoming 2000.

Dr. Konzelman said minor modifications will be made to the rotation based on the pharmacy students' recommendations.

"It [helps the pharmacy students] develop an appreciation of drugs used in dentistry and some of the pharmacotherapeutic issues dentists face," said Dr. Konzelman. "It also helps our students because they are learning about various drugs and prescription writing."

Dr. Williams Dies at Age 66

Dr. Henry Allen Williams, a retired professor at the Medical College of Georgia School of Dentistry, died March 1 at age 66.

Dr. Williams, a native of McMinnville, Ten., had served as course director of the Dental Ceramics and Esthetics in Restorative Dentistry courses, a member of the board of directors and president of the MCG Dental Foundation, vice president of the American Academy of Dental Electrosurgery and a member of the National Association of Seventh Day Adventist Dentists.

He received an Outstanding Faculty Award, a Certificate of Special Appreciation and a Certificate of Recognition from the American Dental Association. He authored or co-authored many journal articles, books and chapters and made several mission trips to provide dentistry to underserved countries.

Survivors include wife Barbara J. Williams, a son, two daughters and a grandchild.

Dr. Atherton Named Chairman of Cellular Biology and Anatomy

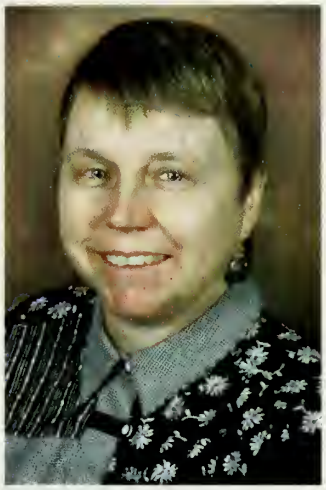
Toni Baker

Dr. Sally S. Atherton, professor in the Department of Cellular and Structural Biology at the University of Texas Health Science Center at San Antonio, has been named chairman of the Department of Cellular Biology and Anatomy at the Medical College of Georgia.

"Dr. Atherton's excellence in scholarship, teaching and science is widely recognized and we are most fortunate to have her lead the academic and research efforts of the Department of Cellular Biology and Anatomy," said Dr. Darrell G. Kirch, dean of the MCG School of Medicine.

Dr. Atherton also is a professor in the Departments of Microbiology and Ophthalmology at the University of Texas Health Science Center and served as interim chair of the Department of Cellular and Structural Biology from 1996 to 1998.

She earned her doctorate in microbiology from the University of Texas Health Science Center at San Antonio in 1979 and completed postdoctoral training in microbiology and virology at the University of Mississippi Medical Center in Jackson and in immunology at the University of Texas Southwestern Medical Center in Dallas.



Dr. Sally S. Atherton

She joined the faculty of the University of Texas Southwestern Medical Center in 1983, moved to the University of Miami School of Medicine in 1984 where she was a faculty member in the Departments of Cell Biology and Anatomy and Microbiology and Immunology and, in 1987, was awarded a faculty appointment in the Department of Ophthalmology. She returned to San Antonio in 1992 as a faculty member.

Dr. Atherton's research interest is the virologic and immunologic mechanisms of herpes virus infections of the retina and central nervous system. She has been the principal or contributing author of 14 books and/or chapters, nearly 70 articles in refereed journals and nearly 100 abstracts.

She is a trustee of the Immunology and Microbiology Section of the Association for Research in Vision and Ophthalmology and received a Certificate of Appreciation from the association in 1997. She was a fellow in the Executive Leadership in Academic Medicine program from 1998 to 1999 and the Inaugural Helen C. Levitt Endowed Visiting Professor at the University of Iowa College of Medicine from January to August 1999. She is a member of the Research Centers in Minority Institutions Study Section.

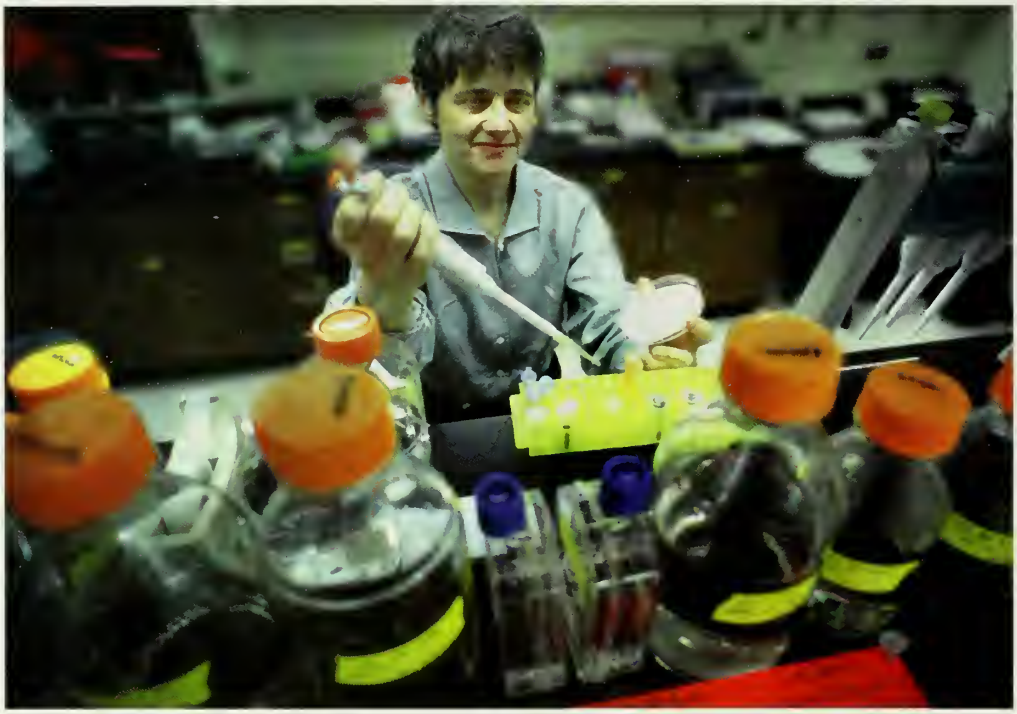
Dr. Atherton is on the editorial board of *Experimental Eye Research, ADAM Interactive Anatomy* and *InScight* and is an ad hoc reviewer for a number of journals including *American Journal of Ophthalmology, Archives of Ophthalmology, Archives of Virology, Cornea, The FASEB Journal,* the *Journal of Immunology* and the *Journal of Virology.*

Research Gleans Insight into Working Memory

Toni Baker

Medical College of Georgia researchers have identified clues about how the neurotransmitter, dopamine, stimulates brain cells, enabling a person to complete a thought.

The process of working memory, controlled by the cerebral cortex in the front part of the brain—the part that most distinguishes man from lower vertebrates—is basic to human function, enabling people to converse, process information and plan, said Dr. Clare Bergson, molecular biologist in the Department of Pharmacology and Toxicology and lead



Dr. Clare Bergson

researcher of the study published in the March 3 issue of *Science*.

Dr. Nelson Lezcano, a postdoctoral fellow working with Dr. Bergson, is a co-investigator of the study along with Dr. Patricia Goldman-Rakic, professor in the Section of Neurobiology at Yale School of Medicine.

Working memory tends to wane with age and can be a major trouble spot for people with schizophrenia and Parkinson's disease, interfering with their ability to work and maintain personal relationships.

Researchers have identified a protein they named calcyon (for 'calcium on') that appears to regulate dopamine receptors in the cerebral cortex and other areas of the brain. "This protein may help us understand how dopamine modulates working memory," Dr. Bergson said.

They have found that calcyon directly interacts with dopamine D1 receptors and, in the presence of dopamine, the receptor activates two types of signals, known as second messengers. The researchers' next step is to clarify the role of these messengers in working memory.

Brain cells are constantly bombarded by multiple neurotransmitters, such as glutamate and serotonin, that make it possible for them to communicate and so function; a single cell may respond to several neurotransmitters. Researchers found that calcyon integrates the signals from various neurotransmitters, called cross-talk, modulating the cell's ultimate response to stimuli. Which receptor is stimulated first also affects the cell's ultimate response.

"Calcyon is one of the first molecules discovered that explains how cells might integrate stimuli to come up with a different response. Before this, we had a less interactive view of how cells respond to multiple stimuli," Dr. Bergson said. "Now we have learned something very specific about how dopamine D1 receptors probably work in the brain."

The protein may also be a target site for new drugs to treat schizophrenia and Parkinson's disease, in which inadequate dopamine levels cause uncontrolled movement. Current drug therapies target a different class of receptors, rather than dopamine D1 receptors.

Dr. Bergson already is looking for other proteins involved in the communication process that ultimately leads to working memory. She also is looking to see if mutations in the protein–which was identified by researchers in the primate brain–may help explain why schizophrenics typically lack normal working memory but have normal dopamine D1 receptors. "Anything that regulates how the dopamine D1 receptor works could be a candidate for a gene that is defective in schizophrenia," Dr. Bergson said. She also is working on ways to block the protein and see how that affects cells.

"We are developing viruses that we hope can get into the cells and knock out the interaction; we also are trying to do experiments in mice where we knock out the gene for calcyon in cells that make dopamine D1 receptors and see how that changes the dopamine D1 receptor function."

Web Site Provides Research Bonanza

Toni Baker

If you are wondering about the status of research at the Medical College of Georgia, look no further than the home page on the MCG Web site.

Research has regained a prominent place as a button on the first page people see when they visit the MCG Web site.

The idea behind the renewed emphasis on getting research information on the Web is as simple as the worldwide emphasis on the Internet: It's a great way to get information out to everyone.

In this case, 'everyone' includes MCG researchers with great ideas looking for institutions and companies that might want to fund them, said Betty Aldridge, director of the MCG Office of Grants and Contracts. Information is easily available on line about projects funded lately by groups such as the National Institutes of Health; researchers can download tools such as grant applica-

tions and guidelines.

The MCG Research Web page also provides links to related sites you may want to visit. "You can just go anywhere from this wonderful page of ours," Ms. Aldridge said. A link to the global 'Community of Science'—which provides researchers' backgrounds, interests and contact information—easily links MCG researchers to their peers across the world.

Ms. Aldridge encourages MCG researchers to visit the Community of Science site and use online forms to get their information posted. If you want to identify a potential collaborator on campus, the online version of the President's Faculty List is the place to search and Ms. Aldridge encourages faculty to take a moment to update that information as well. Pictures and research interests may be included at that site.

'Information' is the key word when looking at this site, which can quickly get visitors to MCG's research-related policies, research support systems, facts about MCG institutes and centers and more. Queries on these topics might come from an MCG researcher double-checking MCG policies or a potential faculty member, postdoctoral fellow or student wanting academic information.

The renewed focus on the research Web page came with Dr. Matthew J. Kluger, when he became vice president for research July 1, but was stirred while he was still interviewing and wanting more information about his potential employer. When he couldn't get the information he wanted electronically, he decided that if he came, he'd tried to ensure everyone else could.

Key to enhancing the page has been the Research Administration Web Page Committee, chaired by Lynette Johnson, administrative manager of the Office of Clinical Trials Compliance, and Wendy Paschal, administrative specialist and Web master of the Office of Grants and Contracts. Other committee members include Rhonda Lowman, administrative specialist of the office; Bennie Brisco, accountant of Sponsored Accounting; and Linda Griffin, administrative manager of Lab Animal Services. That group has worked closely with MCG's WWW Development Team to get the job done.

"Dr. Kluger wanted to make it very easy for anyone on campus or across the world to be able to click on the MCG Web site and find out what kind of research we do here," Ms. Johnson said.

The page is well on its way to doing just that but, like all good information, the MCG Research Web page is a work in progress. "It will never be finished because the technology and data keep changing," Ms. Paschal said.

To visit the MCG Research Web page go to http://www.mcg.edu. Ms. Paschal also suggests taking a look at the March 2000 issue of *Research News* at http://www.mcg.edu/GrantsContracts/ResearchNews.htm.

Dr. Yu Named Institute Director

Toni Baker

Dr. Robert K. Yu, chairman of the Department of Biochemistry and Molecular Biophysics at the Medical College of Virginia of Virginia Commonwealth University, has been named director of the Medical College of Georgia Institute of Molecular Medicine and Genetics.

The 44 researchers in the multidisciplinary institute conduct studies in molecular immunology, cell signaling, gene regulation, developmental biology and neuro-oncology.

Dr. Yu earned a doctorate in biochemistry from the University of Illinois in Urbana in 1967 and a medical degree from Tokyo University. He completed a postdoctoral fellowship in neurochemistry at Albert Einstein College of Medicine in New York.

He chairs the Education Committee of the Association of Medical and Graduate Departments of Biochemistry and is a consultant to the Italian Ministry of Health, a member of the Mental Retardation Research Subcommittee of the National Institute of Child Health and Development and organizer of the China-U.S. Biochemistry Admissions Program. He received Virginia's Outstanding Scientist of the Year Award in 1995.

Dr. Robert K. Yu (second from left) with IMMAG faculty members Drs. William Dynan, James Goldenring and Andrew Mellor.

Dr. Chandler Receives Hardman Cup

Christine Hurley Deriso

Dr. A. Bleakley Chandler, professor and chairman of the Medical College of Georgia Department of Pathology, has received the 2000 Hardman Cup from the Medical Association of Georgia.

The award is presented to a physician who has contributed significantly to medicine, for instance by solving an outstanding problem in public health or making a discovery in surgery or medicine.

Dr. Chandler joined the MCG faculty after earning his MCG medical degree in 1948. He has served as chairman of the Department of Pathology since 1975 and is chief of Laboratory Medicine and Pathology for the Children's Medical Center.

He received a Citation for Leadership by the American Heart Association Arteriosclerosis Council in 1986, a Distinguished Alumnus Award from the Alumni Association of the MCG School of Medicine in 1994, an MCG Distinguished Faculty Award for Dedication and Service to the School of Medicine in 1999 and a 1999 School of Medicine Outstanding Faculty Award. Dr. Chandler is a member of Alpha Omega Alpha, the American Medical Association, the International Association for the History of Medicine and the International Academy of Pathology.

Dr. Lois Ellison, associate vice president for planning (hospital and clinics) was honored for 50 years of MCG service at a retirement reception April 21 at the Old Medical College. Dr. Ellison graduated from MCG in 1950, then joined the MCG faculty after completing a cardiopulmonary physiology fellowship. She helped develop MCG's cardiopulmonary lab and has served as School of Medicine associate dean for curriculum and MCG provost. After retirement, she will serve as Medical Historian in Residence.

Dr. Sherman Retraces Legacy of 'Smiling Jack'

Christine Hurley Deriso

One of the first surprises for many, upon hearing about the life and times of Dr. John H. (Jack) Sherman, is that he was quarterback of the Medical College of Georgia football team.

You heard right. The Medical College of Georgia once had a football team. (Don't ask how many bowl games we made it to.) When Dr. Sherman enrolled at MCG in 1919, he promptly put to good use the considerable athletic skills he'd refined at Richmond Academy. In fact, in addition to playing teams such as Clemson University, MCG's team actually played Richmond Academy, which at the time offered not only high school but two years of undergraduate school.

Surely MCG could beat Richmond Academy...right? Well...wrong. When MCG squared off against the team in 1920, Richmond Academy unleashed its not-so-secret weapon: the amazing running skills of Hervey Cleckley, who himself would graduate from MCG in 1929 and go on to co-author the best-selling book, *The Three Faces of Eve*.

"The medical school got thumped 20-0," said Dr. Harry C. Sherman, who reminisced about his dad during the 2000 meeting of the William H. Moretz Surgical Society March 3 on campus. "[Dr. Cleckley] was one of the fastest men around and quite an athlete. He became one of my father's close friends."

MCG's team had better luck against Clemson, but

after the game, quarterback Sherman "had to get on the noon train out of Augusta to escape Clemson's wrath, and as far as I know, that was the end of his football career," his son said with a laugh.

After graduating from MCG in 1923, Dr. Sherman completed a residency, got married, began a surgery practice and signed on as a clinical faculty member at MCG. His first few years on the faculty were nothing short of charmed. "1923-29 were the golden years of the school," Dr. Harry C. Sherman said. "Everything was going smoothly and the school had plenty of money."

But as the stock market crashed, so did the school's fortunes. The state of Georgia's precarious financial situation, MCG's lack of control over its city-run teaching hospital, a dearth of full-time faculty and several other factors conspired to nearly doom the school. As the Great Depression cast its dreary shadow over the nation, MCG lost its accreditation and the University System of Georgia Board of Regents cut the school loose.

"Times were hard," Dr. Sherman said. "[Then Georgia Gov. Eugene] Talmadge persuaded the regents to take the school back on condition that MCG had control of the hospital."

MCG did indeed survive the near-fatal blow, "but the Department of Surgery was left in shambles," said Dr. Sherman. Enter his father, who was named acting chief of the still-unaccredited department in 1936.

Dr. Jack Sherman's first order of business was to bolster his skills. He interned in Philadelphia, where he learned neurosurgery, thoracic surgery and pediatric surgery. He came home and retooled his department, recruiting faculty and upgrading standards.

The department was soon re-accredited and running smoothly—but a new crisis loomed. When the United States entered into World War II, Dr. Sherman—a veteran of World War I—insisted on signing up. "My father was very patriotic," his son said. "He was told, 'Keep doing what you're doing. We need you to train surgeons.' But he wanted badly to do surgery in the service. He said, 'You don't understand. I'm coming.'"

He got a leave of absence from MCG and worked stateside and in the South Pacific as the Army's chief of surgery. He then was named commander of an Army hospital, where he spent the rest of the war years.

As he resumed his MCG post in 1945, his reputation was now sealed as a beloved and highly respected surgeon and teacher. His nickname, "Smiling Jack Sherman," attested to his quiet, serene smile and manner.

"The first time I saw him was in the lobby of the old University Hospital," said Dr. Harold S. Engler, a 1950 graduate of the MCG School of Medicine and former chief resident of Dr. Sherman's. "There was lots of bowing. I was told, 'That's Smiling Jack Sherman.' I saw how admired he was. That's when I made up my mind to go to medical school."

Dr. Sherman stepped down as chairman of the department in 1952 and died of a heart attack in 1969. The droves of loved ones, former patients, students and faculty who

Cameron Andrews played bagpipes at a March 3 reception honoring the School of Medicine faculty sponsored by the Alumni Association of the School of Medicine.

Jane Downing Chandler (second from left) presented a copy of her book,* All I Did Was Plan Ahead *(Stratford Press, 1999) to MCG's Greenblatt Library March 3. The book chronicles the life and career of Dr. G. Lombard Kelly, MCG's first president. Attendees included Dr. Kelly's children, Ann Kelly Sullivan (left), George Kelly (right) and MCG President Francis J. Tedesco.

attended the funeral remembered him as quiet, unassuming, witty, warm, accessible—and, of course, smiling.

Dr. Newman Receives Humanism Award

Dr. Cheryl L. Newman, an infectious disease specialist at the Medical College of Georgia and a 1982 graduate of the MCG School of Medicine, has been recognized as one of 44 physicians nationwide selected by medical students for the 1999 Association of American Medical Colleges' Humanism in Medicine Award.

The AAMC Humanism in Medicine Award is sponsored by the AAMC and the Pfizer Medical Humanities Initiative. It annually honors medical school faculty physicians embodying the finest qualities in a "healer who teaches."

"She's dedicated to teaching, especially on rounds, but also sets aside time for special teaching sessions with handouts and visual aids," wrote an MCG medical student who nominated Dr. Newman. "She is very encouraging to students, making sure to give positive reinforcement."

Dr. Mike Magee, a senior medical student advisor for Pfizer Inc. and director of the Pfizer Medical Humanities Initiative, said students learn by "exposure to role model physicians who are not only scientifically qualified but also exemplify compassion, understanding and partnership. Dr. Newman is such a physician and the students at the Medical College of Georgia School of Medicine, through this award, have expressed their appreciation to her as both a physician and an outstanding human being."

Kathleen Girdler Engler (center) sculpted a miniature version of The Nature of Healing, a sculpture she created for the Children's Medical Center, and presented it to Dr. and Mrs. Lloyd Shnuck Jr. in MCG President Francis J. Tedesco's office Feb. 28. The Schnucks donated the full-size sculpture to MCG, and the miniature version was sculpted for them in gratitude. Dr. Schnuck (right) is a 1968 graduate of the MCG School of Medicine, a radiologist at the Department of Veterans Affairs Medical Center, assistant clinical professor at MCG and treasurer of the MCG Foundation.

AOA Inducts New Members

The Spring Induction Ceremony of Alpha Omega Alpha, the national medical honor society, was held at the Medical College of Georgia April 10.

AOA inductees were junior medical students Thomas L. Bradbury Jr., Elizabeth "Ashley" Hawk, Brook G. Bearden, Christopher T. Melroy, David A. "Gus" Vickery, Martha "Marti" E. Haykin, Catherine B. Schwender and Michael "Matt" Tucker Jr.

Dr. Guillermo Pineda, an MCG cardiology resident, Dr. Paul Bowman, a dermatology resident, and Dr. Christina Kim, a surgery resident, also were inducted. MCG faculty members Drs. Mark Lee and Virginia B. Winburn and MCG graduates Dr. Mac Bowman ('77) and Dr. Shelley Griffin ('73) were inducted.

Dr. Meyer P. Schwartz, a family physician in Augusta, received the Volunteer Clinical Faculty Teaching Award.

Dr. Grigsby Named Vice Dean

Toni Baker

Dr. Kevin Grigsby, professor of psychiatry and health behavior at the Medical College of Georgia, has been named to the newly created position of vice dean for administration and research in the School of Medicine.

He will monitor utilization of facilities and technology; oversee financial operations, including mission-based management and the administration of grants and contracts; and manage personnel including helping recruit senior personnel.

Dr. Grigsby joined the MCG faculty in 1991 and has served as director of research and development for the MCG Telemedicine Center since 1995, director of Clinical Organizational Development for the MCG School of Medicine since 1998 and coordinator of the school's mission-based management initiative since 1999.

School of Medicine Class of 1938

School of Medicine Class of 1945

School of Medicine Class of 1950

School of Medicine Class of 1955

CLASS REUNIONS

School of Medicine Class of 1960

School of Medicine Class of 1965

School of Medicine Class of 1970

School of Medicine Class of 1975

School of Medicine Class of 1980

School of Medicine Class of 1985

School of Medicine Class of 1990

School of Medicine Class of 1995

Simulator Teaches Techniques in Pediatric Anesthesia

Deborah G. Steele

Nurse anesthetists hope to never see a young patient with malignant hyperthermia. But if they do, Medical College of Georgia nursing anesthesia graduates will be prepared, thanks to a pediatric patient simulator.

The MCG School of Nursing is the first nursing school to have a pediatric patient simulator on which nursing anesthesia students can practice real-life cases. The simulator exposes students to case scenarios students may never see.

"Most of our students have experience with adult intensive care unit patients," said Dr. Kathy Wren, a nurse anesthetist and professor in the MCG Nursing Anesthesia Program. "The pediatric simulator will give them experience with a pediatric patient. In a rural anesthesia practice, they will be administering anesthesia to both adults and pediatrics, so they need to know both. They will be called in to stabilize these little people and they will need to know what to do."

Children's physiology differs vastly from that of adults, said Dr. Wren. The simulator, developed by Medical Education Technologies Inc. in Sarasota, Fla., supplements the program's adult patient simulator to offer students the full range of experiences.

"Changes tend to occur more rapidly in a child," said Dr. Fred Lupien, a nurse anesthetist and coordinator of the MCG Nursing Anesthesia Program. "Physically, the pediatric simulator has all of the features of the adult simulator.

"There are three main things we will use the pediatric simulator for," said Dr. Lupien. "It will be used for basic hands-on anesthesia management for pediatric patients; to teach students how to manage uncommon or potentially catastrophic events in pediatric patients; and to develop our own case scenarios as part of the federal government's Healthy People 2000 initiative which is aimed at health promotion and risk reduction."

Dr. Lupien said nurse anesthesia students can create virtual pediatric patients with myriad complications, including asthma and juvenile diabetes, just as they can create case scenarios using the adult simulator.

"Students get to sit in the hot seat and they know they are the only person who can fix this," said Dr. Wren. "They know they have to get it right. The public expects anesthesia providers to be trained to handle all kinds of cases. Through the use of this simulator, we have the opportunity to make sure that if our students don't have experience in the real world, they will have experience through the simulator in all of these events."

The pediatric simulator, according to Dr. Duane Patterson, a biomedical engineer for the MCG Nursing Anesthesia Program, simulates the physiology of a 6-year-old child and comes with a number of scenarios, including drowning and bradycardia–a condition in which the heart rate drops drastically.

Dr. Woodring Honored for Advocacy for Children

Deborah G. Steele

Dr. Barbara Woodring was ill as a child and, subsequently, spent a lot of time in the hospital. It was then that she decided she wanted to be a nurse.

"I quickly realized that it was the nurses who spent the most time taking care of the children, calming their fears, taking care of their injuries and relieving their pain," said Dr. Woodring, chairman of the Department of Parent-Child Nursing at the Medical College of Georgia. "I made up my mind that was what I wanted to do with my life."

In May, Dr. Woodring was recognized for her contributions to nursing when she received the Education Award of Excellence from the Society of Pediatric Nurses at its 10th anniversary meeting in San Diego.

Dr. Woodring and her husband, Dr. Richard Woodring, a program specialist with the Department of Continuing Education at MCG, are legal guardians to more than a dozen children. She has spearheaded a program providing support services for people raising grandchildren.

"This has provided immeasurable pleasure," she said of the Project Healthy Grandparents program. "This has allowed children to be kept in familial intergenerational homes and out of the formal foster care system. The results have been spectacular."

Dr. Woodring said she is

honored to receive the Education Award for Excellence.

"This award has not been given many times and I am flattered to be in the company of outstanding nurse educators in my field," said Dr. Woodring. "I am also extremely pleased that my name was placed in nomination by individuals who were my former students from across the country. They, themselves, have made significant contributions to the care of children. The nomination would have been sufficient in itself, but the award is the icing on the cake."

Nursing Professor Leaves Legacy to School

Deborah G. Steele

Donna Fair was, in a colleague's words, a professor who loved nurturing and mentoring students.

Ms. Fair, who retired as a professor in the Medical College of Georgia School of Nursing, died in September, but left a legacy. Ms. Fair, one of the nation's first 1,000 certified respiratory therapists, obtained her bachelor's and master's degrees from MCG and joined the School of Nursing faculty in 1956.

"She loved the School of Nursing and she loved MCG and what they did for the School of Nursing," said Dr. Debra Wallace, a professor at the University of Tennessee in Knoxville and a former MCG School of Nursing professor.

Before retiring in 1995, Ms. Fair designated that the largest portion of her estate fund scholarships for MCG nursing students upon her death. Ms. Fair's $76,815 gift will be used to establish the Donna M. Fair Clinical Nursing Scholarship.

Bruce Howerton, MCG director of planned giving, said Ms. Fair's gift is the second-largest received from a School of Nursing faculty member or alumni. (E. Louise Grant, dean of the School of Nursing from 1956-1971, left about $100,000 to the school when she died in 1993.)

"[Ms. Fair] was instrumental in teaching me to write professionally and helping me understand the nursing process," said Dr. Nancy Williamson, a professor in the Department of Parent-Child Nursing and a student of Ms. Fair's RN Pathways program in the 1970s. "Later, when I joined the MCG faculty, she was one of my mentors and a great colleague."

During her 37 years on the MCG School of Nursing faculty, Ms. Fair displayed complete commitment to her profession, according to former students.

"[I have heard students say] that Ms. Fair was one of the best instructors they had during their education at MCG," said Dr. Vickie Lambert, dean of the School of Nursing. "Ms. Fair was an excellent role model and really cared about the students."

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Dr. Wright Named Academy Fellow

Deborah G. Steele

Dr. Lore Wright, chairman and professor of Mental Health-Psychiatric Nursing at the Medical College of Georgia, has been named a fellow of the American Academy of Nursing.

Dr. Wright was inducted as a fellow of the American Academy of Nursing based on her active participation in nursing and other organizations at the local, state and national levels and her work with family care givers of Alzheimer's disease.

Dr. Wright, who joined the MCG faculty in 1980, graduated summa cum laude from Western Michigan University with a bachelor's degree in health studies. She earned a master's degree in nursing from Wayne State University in Detroit and a Ph.D. in sociology from the University of Georgia. She completed a postdoctoral fellowship at the Center for the Study of Aging and Human Development at Duke University Medical Center in Durham, N.C.

The American Academy of Nursing was established in 1973 to guide the nursing profession and help shape and optimize health care policy and practice. The academy is comprised of 1,200 nursing leaders in education, management, practice and research.

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